



# Arizona NPI Technical Consortium

December 20, 2006

3:30 PM to 4:30 PM

AHCCCS 701 E. Jefferson St. – 3<sup>rd</sup> Floor - Gold Room

**Meeting Hosted By:**

Denny Bierl, AHCCCS

**Handouts:**

Meeting Minutes 10/12/06  
National Provider Identifier (NPI) – AHCCCS Facts Sheet DRAFT  
National Provider Identifier (NPI) Provider Types  
Submitted NPIs Timeline  
AHCCCS HIPAA NPI Testing Approach, Standards, and Expectations  
Example Draft Test Cases NPI – Encounter Testing  
HIPAA Updates December 2006 (NUBC, NUCC, ADA, NPI, OMB)  
ADA Dental Claim Form Sample

**Attendees:**

(Based on sign-in sheets)

**ABRAZO HEALTH**

Jim Ten Eyck\*

JoAnn Ward\*

**AHCCCS**

Deborah Burrell

Dwanna Epps

Patti Goodwin

Karen Edgley

Ester Hunt

Mary Kay McDaniel

Jacqueline McElroy

Lori Petre

**CAPSTONE**

Lydia Ruiz

**COCHISE HEALTH SYS**

Marcia Goerdt\*

Susan Speicher\*

**DES**

Sandy Duffy\*

Stan Hime\*

Brian Lensch

David Gonzales

**HEALTHCHOICE**

Jesse Perlmutter

Jaime Perikly

**INFOMAGIC**

Michael Wells\*

**JR2 SOLUTIONS**

Lydia Ruiz

**MAXIMUS**

Diane Sanders

**SCHALLER ANDERSON**

Todd Cassel

Joseph Pinelli

**PINAL**

Cheryl Davis

Jennifer Schwarz

**UHC**

Beverly Duffy\*

Sean Steppe\*

**UPC**

Julie Conrad\*

**UPH**

Julie Conrad\*

John Valentino\*

**UNITED DRUGS**

Matthew Brady\*

**YAVAPAI**

Jean Willis\*

\*teleconference

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Welcome

Denny Bierl

Denny presented a welcome and made several announcements before introducing the first speaker, Lori Petre:

- ▶ There has been an increase in questions, comments, and concerns in the distribution network as the May 23 deadline for NPI compliance approaches in five months and three days. Today's presentation has captured a number of these questions.
- ▶ The meeting Agenda has been modified to accommodate Valerie Noor's absence.
- ▶ Larry Walker, the AHCCCS developer who worked on the PAT file changes, stated that the changes have now been entered into the system. Karen Edgley will contact Larry for any individuals who want to test the PAT transmission file.
- ▶ A significant percentage of providers are not communicating their NPIs to AHCCCS on the test files.

Health Plan/Program Contractor Implementation and Testing

Lori Petre

Lori addressed the content of several handouts:

1. National Provider Identifier (NPI) – AHCCCS Facts Sheet DRAFT-

Several months ago, this consortium talked about whether AHCCCS could post a Fact Sheet on the website for the universal use of the providers, describing NPI's background, types of users, method of determination and procurement, and communication of resources. This draft needs to be reviewed before the mid-January web publishing date. All comments regarding the draft should be submitted within the next three weeks. Once the final document is posted, it will be available for member use and can be reprinted on letterhead.

2. National Provider Identifier Provider Types

This attachment lists the types of providers within the AHCCCS system and notes whether or not an NPI is required for that provider. Valerie or Lori can be contacted with questions.

3. Submitted NPIs Timeline (graph)

As Denny alluded to on Monday's steering committee, provider enrollment broke the 10% mark. It is hoped that publication of the Fact Sheet will attract an increased response. After January 1, biweekly meetings with key people in each entity will be scheduled to discuss what can be done to improve NPI outreach, address testing progress, and invite the chance for individual conversations. AHCCCS has already started conversations with both Catholic Healthcare West and Mayo at the national level. In preparation, one staff member is running the top 500 providers for each health plan and will research the top 500 encounters received last year.

4. AHCCCS HIPAA NPI Testing Approach, Standards, and Expectations

Key items highlighted in this summary have been discussed in internal project and steering committee meetings. A similar package for claims will also be available. Until internal testing is completed, test files will be welcomed but processing will be slow until AHCCCS is completely confident that testing works. The claims side is completed and ready to go.

5. Example Draft Test Cases NPI – Encounter Testing

A test plan is currently being executed. It will be streamlined, documented, and shared to provide a set of scenarios that indicate which results will occur with which scenarios, i.e., test case, input, and result.

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Update

Denny Bierl

Denny highlighted additional news items:

- ▶ Within the last few weeks, many provider notices were returned for more complete information, i.e., providers sent NPIs that didn't connect it to the respective AHCCCS number. According to policy, a provider can email an NPI to AHCCCS by way of a specific box received from the enumerator. However, to ensure this process is effective, health plans need to emphasize to the providers what is required for successful NPI submittal.
- ▶ The hospitals in Arizona seem to be enumerating the way the program intended. However, some of the out-of-state institutions are doing unacceptable things, such as submitting lots of NPIs with different purposes. If any Arizona hospitals do that and start sending a claim for ER that is separate from the patient's, the AHCCCS structure will be adversely affected. If any enumerating methods seems awry, Mary Kay or Lori need to be contacted immediately. There is so much flexibility in how a provider can enumerate that anything can happen.
- ▶ AHCCCS is laying ground work right now with intensive data testing. Feelings are confident that the system is working as expected but errors are surfacing in terms of date matching and how NPIs are loaded. The goal remains to get the process cleaned up and accurate before health plan submittal can begin.

Overview and Standards Body Activities

Mary Kay McDaniel

Mary Kay announced NPI enrollment for Arizona and proceeded to deliver HIPAA updates. Providers who have enumerated now total near 29,000. Though providers are enumerating, however, they are not sharing their data.

1. National Uniform Billing Committee (NUBC)

The UB04 form is anticipated for March 1. Mary Kay strongly advised that the UB04 manual be studied. Legacy ID numbers will no longer be accepted after May 23, 2007. The Manual states that, as of May 23, 2007, 'if you are a provider and a healthcare covered provider, you have to use NPI.'

2. National Uniform Code Committee (NUCC), ADA Dental Claim

Restrictions also apply for the 1500 Claim Form. By April 1, 2007, the current version of this form will be discontinued. The ADA Dental Claim form is also out and becomes effective on January 1. For those providers who have NPI, the only way for them to process a claim is on these forms. The provider identifier timeline deadlines have not changed.

3. CMS FAQ 5816

A misunderstanding exists that it will be acceptable to use the DEA number for the CMS FAQ 5816. This is not the case. The NPI will be required on all standard transactions. There will be no new *dual-use* periods in NCPDP transactions. The identifier to use will be the NPI as of May 23. Even a pharmaceutical claim will not go thru without the NPI, whether or not it is a scheduled drug. The rule will be in place.

4. OMB has come out with a timeline and is promising data dissemination in January. Hopefully, some look-up capability into the NPI's system will be included. This means there will also be applicable charges for AHCCCS to do look ups in that system. Proposed rules for TCS standards, i.e., what a retail pharmacy is, are being released in March. Rules for direct data entry are also expected.

Proposed rules for streamlining the deduction process in the transactions could be available by June. The comment period for the NPRM and the actual transaction itself would run concurrently. The standard setting organization presently evaluates all the steps and creates a guideline which then has to be approved. Included in the process, is a 60-day open comment period. If there are objections to the guidelines, they cannot be reopened for changes because that is a violation of the ANSI Rules setting for the standard setting organization.

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It is hoped that this procedure will be changed to get all the comments incorporated into the guidelines before the final cut. It has even been proposed that there would be no open comment period on standards setting.

5. Enumeration for atypical providers has invited much discussion. Enumeron has the number space that starts with 9. 0 was taken by a company that will be doing plan and pair numbering. The Medicaid Integrity Program is concerned about identifying atypical providers. A question remains how to roll providers together to figure out who they are. There was a motion to have one number to track a provider across the board.
6. It is yet uncertain if data dissemination will allow for sharing of the NPI. There is news that the contractor doing the Medicare NPI cross-walk for all of Medicare was allowed to look into the enumerator in order to validate it. This permission was given with a Daily Use Agreement. The contractor's process involves gathering an internal number, a legacy number, taxonomy code, and 9-digit zip code and cross-walking this data to an internal legacy ID number. The crosswalk is about 35% complete. The Daily Use Agreement allows for validation only and not sharing and is being studied by other attorneys.
7. Identifying referring providers is an issue for hospitals. Aurora Health Care is a large provider with over 26,000 referring providers in their system. Their agreement states that they can share NPIs but not the referring provider identifier. This presents a dilemma for the providers and independent diagnostic labs, who have to then share their NPIs with any number of referrals to hospital/physicians though they cannot share their referral provider number.
8. As of January 2, 2007, another issue for the providers will be the requirement to have a taxonomy code, a 9-digit zip, a billing address and a facility address. These addresses cannot be one and the same nor can the facility address be a PO Box. This all has to be sorted by taxonomy code within the file being submitted to Medicare. Not all of the clearinghouses are aware of this as yet – they will have to sort claims separately for Medicare.
9. Another issue that is surfacing for providers is that different taxonomy codes are not matching.

Mary Kay answered two questions and the continued relaying information for the health plans.

Q What action will be taken as of May 23 when the NPI switches turn on for a void encounter, wherein the provider is out of business, and there is no NPI?

The NPI will still be required but a void can be processed manually if no NPI exists.

Q How are corrections made when the health plan NPI does not match what is on the file?

Valerie has instructed that all discrepancies be emailed to [valerie.noor@AZachcccs.gov](mailto:valerie.noor@AZachcccs.gov).

- ▶ According to past experience, the health plans have had significantly more relationships with providers than AHCCCS, from a payment perspective. As a result, there may be multiple internal ID numbers and legacy numbers for every AHCCCS number. With the addition of an NPI number, more links are being created. Mapping logic to connect these numbers will remain the decision of the health plans. AHCCCS will have no part in planning or controlling this process.
- ▶ Handling of the 835s will present a real challenge. If a group of providers, who belong to the same tax ID, are individual servicing providers and have NPIs, choose to not give an organizational group number, it will be necessary to cut a check for each NPI in that group instead of cutting one check for the whole group.
- ▶ The electronic claims from Medicare are looking much better. It is hoped that the next 60-90 days will bring about a resolution for approval of the Medicare crossover claims for the health plans. To facilitate this, AHCCCS would send an eligibility file with the members. It would then be necessary to register separately with GHI, who would then turn around the crossover claims in 837 transactions. AHCCCS would then transfer

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them for processing. This will not produce the cleanest transactions because of coding problems with the translator but it will be possible to cross over the claims.

Closing

Denny Bierl

In closing, Denny addressed the following questions:

Q Does AHCCCS continue to issue the AHCCCS provider registration numbers?

Yes. AHCCCS added the NPI and built a cross-walk but still needs to load the numbers in the system with the registration numbers. Those numbers will continue to show up on the reference files that get published out to the health plans.

Q If there is a delay, would AHCCCS continue to stick to the May 23 date?

The powers that be could alter that date but it is doubtful, especially with the expanded dual-use strategy period.

Q What issues will future consortium meetings address?

The content of future meetings will propose to make routines more efficient and effective, and improve communication.

Final Remarks

Mary Kay McDaniel

Mary Kay reiterated that valid codes have to be used in transactions. Taxonomy codes, claim adjustment reason codes, and admission codes, all have to be the ones that are required in the 837 or else the transactions will fail.

Adjournment

Denny Bierl

Denny adjourned the meeting at 4:30 p.m. The next meeting will be held on January 23, 2007 at 2:00 p.m.